SAN DIEGO POLICE DEPARTMENT

Media Identification Card Application (Independent)

New Renewal

No	
Ехр	
(FOR OFFICE USE ONLY)	

(LAST)	lame(LAST) (FIRST				(MIDDLE INITIAL)	
Home Address						
	(STREET ADDRESS)			(CITY)		(ZIP CODE)
Date of Birth			Social	Security No		
Home Phone			Business Phone			
ASSIGNMENT	AFFILIATIONS	(LIST	MOST	FREQUENT	EMPLOYER	FIRST
NAME	E FREQ./MO. CONTACT			T PHONE		
1						
	L JOB DESCRIPT					
I understand the a privilege gran	at possession of a Sa nted by the Chief of Po s. The Chief of Police	n Diego P	olice De	epartment Med have a regula	ia Identificatio r need to cross	n Card is s police
	es established in San					
			(Applic	ant's Signature		
			(Applic	ant's Signatur	a)	

Please submit this completed application, along with clippings or videotapes (VHS only) that illustrate the nature and frequency of work in San Diego County (published or aired in the last six months), to: Media Relations Office, 1401 Broadway (MS 705), San Diego, CA 92101-5729. You may submit the application via mail or by faxing it to 619-531-2789. Approximately three business days after you have submitted the application, contact Det. Gary Hassen (619-531-2900 or ghassen@pd.sandiego.gov) to learn if the application has been approved. If it has, come to 1401 Broadway (8 a.m. to 4 p.m., Monday through Friday) to complete the credentialing process. Do **not** bring photographs; your photo and signature will be transferred to the media card by computer. The entire process should take no more than five minutes. There is no cost to you. **If you do not complete the credentialing process within 30 days of approval of this application, you will be required to reapply for the credential.**

Approved:_		
	(ODDD ALITHODIZING AGENT)	

(SDPD AUTHORIZING AGENT)